2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# F99000001309

Entity Name: CORPORATE ENERGY CONSULTANTS, LTD., INC.

Current Principal Place of Business:

10333 W. 84TH TERRACE
LENEXA, KS 66214

New Principal Place of Business:

Current Mailing Address:

10333 W. 84TH TERRACE
LENEXA, KS 66214

New Mailing Address:

FEI Number: 48-0933685 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOWRY, SNOWDEN S
217 NASSAU STREET SOUTH
VENICE, FL 34285 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	KIRKWOOD, SCOTT H	
Address:	8005 LAKEVIEW	
City-St-Zip:	LENEXA, KS 66219	
Title:	VP	( ) Delete
Name:	PFOLTNER, DEAN	
Address:	8806 W. 97TH STREET	
City-St-Zip:	OVERLAND PARK, KS 66212	
Title:	VP	( ) Delete
Name:	BURCH, JOHN	
Address:	10108 HALSEY	
City-St-Zip:	LENEXA, KS 66215	
Title:	VP	( ) Delete
Name:	FELLWOCK, STAN	
Address:	8016 BELL	
City-St-Zip:	LENEXA, KS 66219	
Title:	VP	( ) Delete
Name:	MURRAY, R. SCOTT	
Address:	8339 ACUFF	
City-St-Zip:	LENEXA, KS 66215	
Title:	VP	( ) Delete
Name:	GRIGGS, EDWARD B	
Address:	16206 S. WALNUT GROVE	
City-St-Zip:	PLEASANT HILL, MO 64080	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHYE CARRICO COMP 04/13/2009

Electronic Signature of Signing Officer or Director — Date